

CONTRACT AWARD REPORT
STATE OF MONTANA
DEPARTMENT OF REVENUE

CONTRACT AWARDING AGENCY OR PRIME CONTRACTOR MUST COMPLETE THIS FORM AND MAIL TO THE STATE DEPARTMENT OF REVENUE WITHIN 10 DAYS AFTER CONTRACT OR BID HAS BEEN OFFICIALLY AWARDED.

1	CONTRACT AWARDED BY (AGENCY OR PRIME CONTRACTOR) _____ NAME _____ ADDRESS _____ CITY/TOWN ZIP CODE	MAIL TO: BUSINESS TAX SECTION INCOME & MISCELLANEOUS TAX DIVISION DEPARTMENT OF REVENUE PO BOX 5835 HELENA MT 59604	
2	CONTRACT AWARDED TO (PRIME OR SUBCONTRACTOR) _____ NAME _____ ADDRESS _____ CITY/TOWN ZIP CODE	3	MONTANA CONTRACTOR'S REGISTRATION NUMBER
		4	CONTRACT AWARD DATE
		5	CONSTRUCTION COMPLETION DATE
6	CONTRACT NUMBER/OFFICIAL DESIGNATION Contract #/Purchase Order # _____	7	CONTRACT AMOUNT \$
8	DESCRIPTION OF WORK TO BE PERFORMED		
9	LOCATION OF WORK TO BE PERFORMED (BE SPECIFIC)		
REPORT SUBMITTED BY		AGENCY OR PRIME CONTRACTOR	
AWARD AUTHORIZATION		PREPARER'S SIGNATURE	DATE